## **AG Retreat**

March 4-5, 2002 Radisson Hotel La Jolla, CA 92037

## **DEADLINE FOR ADVANCE REGISTRATION: February 11, 2002**

First Name Middle Initial Family Name				Organization or Affiliation		
Organization Address (include mail stop, if applicable)				Organization Telephone		
City State	Pos	stal Code	Country	FAX Number		
Email						
The following information is for the organizers only – You will need to make your lodging reservations with the hotel.						
Arrival Departure						
[ ] I have the following special needs						
REGISTRATION FEES (Covers: Attendance at all sessions, meeting materials, and conference costs)						
\$ 60.00						
ALL FEES MUST BE PAID IN ADVANCE – NO REGISTRATIONS OR FEES WILL BE ACCEPTED AT THE MEETING!!						
Please enclose check drawn on a U.S. bank or International Money Order in U.S. dollars payable to:						
Argonne National Laboratory						
Mail Check to:	to: Conference Services Argonne National Laboratory 9700 South Cass Avenue Argonne, IL 60439					
CHECKS MUST ARRIVE AT ANL PRIOR TO THE MEETING.						
We accept payment by mail or fax using either Visa, Mastercard ONLY. Please complete the following information:						
Type of credit card		Credit card Number			Expiration date	
Signature:						

Please Fax this form to Conference Services 630-252-5533